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ORIGINAL DEPARTMENT.

LECTURES.

Lectures on Orthopædic Surgery.

Delivered at the Brooklyn Medical and Surgical Institute.

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III.—*Deformities at the Hip-Joint.*

(*Continued from page* 135.)

The prognosis of deformities at the hip-joint is more or less blended with the prognosis of those maladies from whence the distortions originate; for the latter are more or less apt to return under the persistence of the disease.

One of the great drawbacks in the treatment of hip and kindred diseases is, that they scarcely come under the cognizance of surgeons in the commencement, and if they do, they are rarely recognized at their earlier stage.

There cannot be any doubt that the trouble could be effectually subdued in the beginning, and thus all the subsequent mischief obviated. But if effusion into the articular cavity, and structural changes of the component parts have taken place, the treatment not only becomes greatly complicated and protracted, but rarely succeeds in effecting a cure, and scarcely without some impediment to locomotion. Hence your prognosis cannot be guarded enough; for, while the symptoms seem to be mild, and obviously controllable by ordinary means, the process of structural disintegration may have commenced—may go on in spite of your therapeutical efforts—and may, at a future juncture, constitute too formidable a malady to be susceptible to amendment.

In no other disease is a correct diagnosis of greater importance for a circumspect prognosis than in morbus coxarius, and in no other has the introduction of anæsthetics been of more benefit for ascertaining the actual pathological condition than in this.

It is not enough to look at the patient. To ascertain the apparent differences in the length of the extremity, the amount of deformity, and the impediment to locomotion, you must go beyond those symptoms, and investigate the morbid state of the joint; whether there is already roughness or crepitus; whether the movements of the joint are so loose as to allow the inference of the ligamentum teres being already destroyed; whether there is an abscess in process of formation in the neighborhood or opposite the bottom of the acetabulum; or whether the latter has already been broken through by caries, which can be ascertained only by introducing the finger into the anus. If you find an abscess below Poupart's ligament, in conjunction with hip disease, your suspicion is naturally directed to the bottom of the acetabulum, from whence it rises, between the innominate bone and its periosteum, up to the brim of the pelvis. Occasionally the matter penetrates the joint, between the cotyloid ligament and the margin of the acetabulum, and if it concerns the upper segment, the abscess is formed at the same place where we observe the psoas abscess.

So thorough an examination can only be made by the aid of anæsthetics, not alone for the purpose of obviating pain, mostly excessive in these cases, but to control likewise voluntary muscular contractions obscuring diagnosis.

After you have thus defined the actual state of the joint and its adjacent tissues, you may shape your prognosis accordingly.

Treatment of Deformities arising from Hip-Joint Disease.

Gentlemen, when we entered upon the study of medicine, some twenty-eight years ago, we had the privilege of being instructed by the late

Prof. Rust, of Berlin, then at the climax of his European reputation. His clinical lectures were then considered invaluable, and every axiom that dropped from his lips was received as more precious than gold, and was adopted and esteemed as surgical gospel; to dispute it was considered nothing less than the blackest infidelity.

The treatment of hip disease, as approved by Rust, consisted in the administration of anti-scrofulous remedies, and in the local application of derivants, among which the actual cautery occupied a prominent place. Although Rust's views as to the pathology of the disease never acquired in England an undisputed sway, yet the treatment adopted by English surgeons did not differ essentially from that of our esteemed surgical perceptor as late as 1853, as we have had opportunity of personally observing. Even at a later period, the celebrated Scotch surgeon Syme extolled the actual cautery as the most beneficial remedy in all chronic affections of joints. A similar treatment prevailed among American surgeons up to that, and even to a later time, and its correctness was so deeply rooted in the professional mind of this country that other therapeutic measures were emphatically pronounced *dangerous innovations, and unsparingly sneered at.* Sir Benjamin Brodie's advice to secure rest in an affected hip-joint by the leather splint, Prof. Bonnet's suggestion of his *grand appareil*, Prof. Alden March's cloth splint impregnated with glue, and the earliest of all suggestions, viz., a straight, wooden splint, advocated by the late Prof. Physick, of Philadelphia, were not heeded by the profession. It is true that these eminent surgeons did not back up their commendation by an exhaustive pathological knowledge of the disease and its collateral symptomatic elements, but the advice *that the affected joint should be kept at rest* was in itself consistent and rational, and should have commanded the attention of practitioners.

For at least fifteen years our interest has been engaged in the investigation of this and kindred diseases, and in spite of our deeply engraven reverence to the incomparable merits of Rust, both as a surgeon and clinical teacher, we were by undeniable facts irresistibly driven to skepticism regarding his specific pathological and therapeutical views. It is but natural that the force of negative facts should have led us to support his theory before we were prepared to establish a new basis to act upon. Our first literary attempts in this direction exhibit, therefore, all the imperfections arising from a transition state. But persisting in our inquiries, and accumulating more clinical material every day, we were soon prepared not only to amend our previous errors, but to elaborate and bring forth principles of more rational application.

But we wish to be distinctly understood that we do not look upon hip disease as *an affection of peculiar or exceptional character*, differing in its nature from similar affections of other joints. On the contrary, there is nothing in its cause, development, or termination which renders it a specific pathological process. The differences which it presents are more external and mechanical, and depend more on the form and construction of the articulation than on its structure. Hence the same therapeutical maxims we have advanced in the treatment of other joint diseases find their fullest application in morbus coxarius.

The modifications which we shall mention in the course of this lecture appertain simply to some symptoms and mechanical points which present themselves as collaterals.

The earlier you begin the treatment of inflammatory affections of the hip-joint, the more speedy and more complete will be your success. Being called to attend a little patient that has met with a contusion of or a fall upon the hip, we should at once advise you to look upon such case as a future hip disease, and to take your measures accordingly. For you can do no harm by precautionary measures, and may prevent a formidable affection. Do not mind the leniency of the symptoms for the time being, and remember that, as a general thing, the initiatory symptoms are always insignificant, and utterly uncertain whether they will not become aggravated in time and dangerous in the end.

The first measure that should be taken is *rest* and *suspension of all locomotion.* The more completely the rest is secured and eventually enforced, the more certain the prevention of subsequent trouble. The duration of rest should be, in accordance to the violence of the accident, from four weeks to three or more months. There is a general aversion to subjecting little patients to what is considered great hardship, and to depriving them of their physical exercise. But we have never had any difficulty in attaining the cordial consent of parents, if they were properly informed of the purpose, and the protection derived therefrom against a formidable malady.

Whether the rest should be combined with extension, local depletion by leeches, cold and other appropriate applications, depends, of course, on the severity of the preceding cause, and should be resorted to unsparingly, if necessary.

You will, however, but rarely be called upon to prevent, by timely measures, the ulterior consequences of traumatic violence. Mostly the patients exhibit already the unmistakable evidences of a progressive effusion in the joint—pain, deformity, and impeded locomotion—when your aid is invited; and sometimes the constitution may already be disturbed by want of rest and appetite.

If the case has not yet passed the second stage, and if the existing symptoms still denote the inflammatory character, with its immediate results, namely, effusion into the articular cavity, hydraulic pressure, eversion of the extremity, etc., the antiphlogistic method is in its proper place. But what is more calculated to arrest inflammation than the *most absolute rest of the offended articulation?*

In this stage *it is not enough to suspend locomotion* and *consign the patient to the recumbent posture;* we must likewise provide a *proper position of the affected extremity.* We have had considerable difficulty in devising mechanical means to accomplish the stated object. In succession we have vainly tried the proposed splints of Physick, Brodie, and Alden March. The "*grand appareil*" of Bonnet we have never seen or applied, believing it inefficient, and too costly for general use. Dzondi-Hagedorn's fracture apparatus suggested itself as apparently superior to all; but in its practical application it failed to fix the pelvis, being conditional upon absolute rest of the affected extremity, though useful for extension.

After many failures we succeeded at last in constructing an apparatus of wire which combines all the advantages of Hagedorn's splint, with others of which the latter is deficient.

1. It secures a permanent position of the pelvis and both lower extremities.

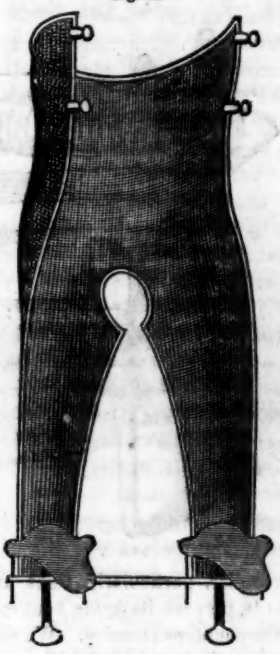
2. It allows extension and counter-extension.

3. It enables the patient to evacuate his bowels without disturbing his position and extension.

4. It permits the patient to be moved about and to be taken into the open air without prejudicing the progress of the treatment.

Such an apparatus you have now before you, Fig. 41. It consists, you perceive, of a frame of stout and tin-galvanized iron wire, being filled with wire webbing soldered to the frame. There is a proportionate opening in the apparatus for the anus. At the foot extremity a cross-bar of iron

Fig. 41.



is affixed, through which screws and small bars pass to move the foot-boards. The extension is made by the latter; the counter-extension is placed at the tubera ischii, and is partly made through the healthy extremity, which is fastened down by bandages as in Hagedorn's contrivance. The apparatus, when applied, looks like the posterior half of a pair of pants, and has therefore been named by a waggish friend, "wire breeches." The whole is nothing more than an *improved* apparatus of Dzondi-Hagedorn, made of different material, having no similitude to the "grand appareil" of Bonnet, as Barwell and others have surmised. We shall now show you how to apply it, Fig. 42.

1st. Fill the apparatus with tow, so as to render the patient comfortable and to protect him against pressure. Look particularly after the proper protection of the heels by propping tow alongside of the Achillis tendon. 2d. Apply on either side of the affected extremity a strip of stout adhesive plaster, almost up to the hip-

joint and long enough below to allow its being bound to a bow. Fasten it to the extremity by either circular strips or a roller.

Thus prepared, the patient is placed in the apparatus, the healthy extremity first secured by

Fig. 42.

a strong roller, particularly tight around the knee-joint to prevent its being bent and to loose thereby the counter-extension. We should have stated before that cotton should not be used as bolstering material if tow can be had, for it is very heating, becomes matted, and possesses less elasticity than the latter. If the affected limb is much flexed, and its extension painful, anæsthesia should be resorted to. The longitudinal strips are then fastened to the foot-board, the extension carried as far as desirable, and at last the extremity bandaged to the apparatus. In restless individuals it may be prudent to restrain likewise the freedom of the trunk by a wide belt. The mechanical treatment may be advantageously combined with and supported by repeated local depletion, the inunction with ungt. hydrargyri and appropriate internal remedies; but absolute rest occupies the most prominent place among them. In incipient cases of morb. coxarius we never failed in benefiting our patients. The excessive pain and symptomatic fever become alleviated and sometimes arrested as by a charm; the patients regain sleep and appetite, and at once evince signs of general improvement, and, what is equally important, *you prevent deformities and malposition.* How long the patient should remain in this rather confined position depends of course on the intensity of the symptoms. Four weeks may be sufficient in one instance, and four months may be needed in another; at any rate, the patient should not be taken out of the apparatus unless the inflammatory symptoms have subsided.

The apprehension that a longer confinement of this kind must prejudicially act upon the general constitutional status is certainly exaggerated; at any rate, it is *the lesser of two evils*, and may be rendered more endurable by taking the patient into the open air.

Of late the pulley has been substituted for the wire apparatus, and in as far as extension and cheapness goes, it is certainly preferable; but in regard to rest of the joint, the pulley is inefficient.

The after-treatment should be carried on for some time by Davis's, Sayre's, or Vedder's splints, of which we shall speak hereafter more minutely.

Supposing, however, the case is more advanced, the articulation completely filled with inflammatory products, some of the muscles already contracted, the pain proportionately very intense, the limb and the whole body attenuated from the violence of reflex symptoms, our plan has to suffer some modification.

We have, first, to relieve the tension of the

capsular membrane. This can be done in various ways:—

1. By bursting the joint, to be effected by giving the extremity a diametrically opposite position from that it occupies.

2. By subcutaneous paracentesis, with either a trocar or tenotome.

As to the technical proceeding of these operations, we refer you to our lectures on "hip disease," in which they are detailed.

The therapeutical virtue of these operations is great. With the tension of the joint it obliterates the source of almost all the local, and of some of the reflex symptoms, and the relief derived therefrom is consequently material. So it has proved in our hands; and Richard Barwell, Esq., the able surgeon of Charing Cross Hospital, who has lately given his special attention to the subject, speaks of it in terms of the highest commendation.* Moreover, in relieving the joint from its morbid contents, no danger is engendered, and we do only what nature will do spontaneously at a later period.

Your attention should be next devoted to the reflex symptoms, for they are not only productive of intense suffering, but they disturb incessantly the rest of the joint, and therefore keep up inflammation, and inflict more injury on the system than the disease itself. Do not expect to mitigate that frightful "nocturnal pain," and the "convulsive muscular quiver," by anodynes; they have very little effect in large, and none in small doses. Morphia alone has scarcely ever reached the reflex symptoms, but a combination with belladonna in the following formula has sometimes benefited our patients:—

℞.—Extracti belladonnæ, gr. ij;
Morphiæ acetatis, gr. vi;
Acidi acetici, gtt. viij;
Aquæ laurocerasi, ℥ss.
M. da signa.

From eight to fifteen drops at bedtime.

But, gentlemen, you cannot rely on this, or any other anodyne, though they may afford temporary relief. You have to resort to absolute rest of the joint and powerful extension.

Some surgeons have expressed their belief that extension took away the pressure from one articular surface upon the other. This is certainly an erroneous view, in so far as the hip-joint is concerned, for reasons already stated on a former occasion. Extension acts mainly upon the muscles, preventing their morbid contraction, and this is the whole secret of its therapeutical efficacy.

If the disease has not gone too far, and muscles are not already and permanently contracted, these remedies will gradually subdue the disease, when the general health will proportionately improve. After some months of persistent treatment in this direction, the patient may change the wire apparatus for a splint, and carefully resume locomotion with the aid of crutches.

If, however, the muscles have already contracted, extension is not only *ineffective*, but even *dangerous*, and should be *preceded by the division of the contracted muscles. Extension can prevent, but not cure active contractions of muscles, and its indiscreet application will certainly stimulate the disease.*

To be continued.

* A Treatise on Diseases of the Joints. London, John Churchill, 1861.

COMMUNICATIONS.

Alcoholic Stimulants: their Influence in Preventing the Developing of Pulmonary Tuberculosis ignored.

BY A. P. DUTCHER, M.D.,
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(*Continued from page* 160.)

PART THIRD.

Have Alcoholic Stimulants any Agency in Preventing Pulmonary Tuberculosis?—If I have not slandered king alcohol in the preceding remarks, he does not present a very favorable passport to our confidence, as an antagonist of phthisis. He is not just the champion to fill the bill of our wants. In this instance we want an agent that will fill at least three indications:—

1st. The integrity of the vital forces are to be restored and maintained.

2d. A specific morbid condition of the blood is to be overcome, and its normal vitality sustained.

3d. Certain local obstructions and engorgements are to be removed, and the parts restored to their wonted functions.

It cannot be denied that alcohol, when taken in moderate quantities, is an active stimulant; and when properly regulated, may be given for a long time without being followed by any sedative effect. Its stimulating properties constitute its

chief attraction as a beverage. It quickens, excites, and animates the vital forces. This, by a fundamental law of the human system, is attended with a feeling of comfort and pleasure. This is universally taken for good by the victims of this habit. It also arouses, for a moment, the reserved and dormant energies of the system, which are not needed and were not designed for ordinary occasions, but were intended for special emergencies, and which cannot be drawn out and used without inflicting some injury upon the physical organs. This awakening of dormant energy is never attended with permanent benefit, and those who mistake it for an increase of vital force, a permanent good, are entirely deceived. It imparts no real strength to the vital organs. As well might we conclude, because the delirium of a fever sometimes arouses dormant energy—and the man who before had hardly life enough to raise a hand for a moment, puts on the strength of a giant—that, therefore, disease and delirium are a source of permanent strength, as to draw any such conclusions concerning alcohol.

In the pretubercular stage of phthisis there is a partial failure of the vital forces. The system is not properly nourished, the individual complains of languor, and an inability to perform the usual duties of his avocation. His muscles have become flabby; his countenance has not the glow of health; his eyes are dim; his step is unsteady; his pulse and respiration are hurried; his tongue is coated, and his digestion impaired; his urine scanty, and high colored; his bowels irregular; has a slight hacking cough, particularly in the morning; Thompson's gingival margin is slightly defined on the gums; has occasional headache, and pain in the back and limbs; restless at night, sleep disturbed by unpleasant dreams, and the mind not very hopeful. Percussion reveals no dullness, and auscultation only a slight increase in the expiratory murmur. Here we have a case of incipient tuberculosis. The vital forces must be sustained, and alcoholic stimulants would be the very last therapeutical agents that we would select for this purpose. They may, for a time, arouse the flagging energies of the system; but unless something more permanent is supplied, the jaded organs will give out and the banner of universal ruin will speedily triumph over all. My experience leads me to the opinion that, in cases of phthisis, like those just described, alcoholic stimulants are highly injurious; that, instead of sustaining the vital forces, they exhaust them with the most fearful rapidity, the patient succumbing much sooner than if they had not been used.

I had a very marked example of this kind in my practice, about five years since. A young man aged twenty-one, and a young woman aged twenty-four, became affected with pulmonary tuberculosis. In the spring of the year they had the measles. Their recovery from this was attended with slight symptoms of pneumonia, which soon yielded to mild antiphlogistics. During the summer they enjoyed their usual health. Some time in the fall they commenced gradually to decline. I was not called in at this period, as the father of the family had become a very ardent advocate of hydropathy, and he had determined to try the merits of its pretensions. For three months they were most rigidly subjected to the various manipulations recommended by Dr. Shem for the cure of phthisis, but without the least benefit. After this I was invited to see them. In both cases tubercular disease was developed in their lungs. They were placed upon the use of anodynes, tonics, and a very nourishing diet. By these means they were made comfortable, and life was prolonged, in the case of the young lady for eighteen months, and the young man for two years.

In this family there was a young man aged nineteen. After the death of his brother he began to have threatening symptoms of phthisis. One day his father called on me, and commenced very abruptly to remark that we doctors did not know anything about the nature or treatment of consumption. He had found a remedy for the disease, and he thought it mighty strange that doctors had not discovered it a long time ago. I asked him if he would be so good as to inform me what that specific was. With great earnestness of manner he replied: Surely, it should be published to the ends of the earth—"*good rye whisky.*" His son had taken it, and was recovering very fast. I congratulated him, and he left, after making some very unkind remarks in regard to the stupidity and ignorance of physicians. Ten days after this conversation, I was summoned in great haste to see his son. He had an attack of hæmoptysis. It was very profuse. His decline was now very rapid, and he died in less than six months from the commencement of his illness.

Alcoholic stimulants are not the therapeutical agents indicated in the pretubercular stage of this malady. Restorative hæmatics and tonics

are the medicines. Alcoholic stimulants, as we have already shown, contain nothing of this sort. They restore nothing to the blood. They contain nothing out of which a single constituent of the blood can be elaborated. Some writer has had the audacity to affirm "that alcohol acts in the same manner as cod-liver oil, by supplying respiratory materials and increasing the fat of the blood;" all of which is a mere presumption, completely and triumphantly exploded by the experiments of MM. Lallemand, Perrin, and Duray. Cod-liver oil, iron, quinia,—these are the best known therapeutical agents to meet the indications in the incipient state of tubercular disease. They impart permanent strength to the vital forces, by supplying to the blood certain elements which are indispensable for healthy nutrition. In another article I have already alluded to the fact that, in individuals who indulge in the use of alcoholic stimulants, the blood manifests a deficiency in its coagulating quality. This is undoubtly owing to a want of vitality in the fibrin of the blood. I think there is abundant reason to believe that even the moderate use of alcohol depraves this constituent of the blood and renders it unfit for its appropriate use in the formation of healthy tissues; and in persons who are predisposed to phthisis, may lead directly to the formation of tubercular deposits in the lungs.

In the pretubercular stage of phthisis, the vital forces are not only to be sustained, but certain morbid materials in the blood are to be eliminated. That alcoholic stimulants have any influence in that direction, we are very loth to admit. Alcohol when taken into the system passes directly into the blood, and it has been ascertained by experiment that it prevents the normal exhalation of carbonic acid from the lungs, thereby increasing the venosity of the blood, which has a direct tendency to produce torpidity in all the excretory organs of the body, and rendering them incapable of performing their proper functions. By this means the blood is overloaded with effete matter, which is very deleterious to the health of the system. Some writers have based their chief argument for the use of alcoholic stimulants in phthisis, upon this effect. They regard the restraining of the excretions, and the too rapid oxygenation of the blood, very important means of curing the disease. But there is no philosophy in this. Nature has made the organs of respiration just right, and under no circumstance do they oxydize the blood any faster than the wants of the system demand it. In pulmonary tuberculosis the great evil is, that the blood is not aerated as rapidly as it should be, and in consequence of this and the inactivity of the excretions, the blood becomes unfit for the performance of its wonted functions. Alcoholic stimulants are, therefore, not only useless in this particular, but may be the means of much injury. I am satisfied that in phthisis they add to the morbid condition of the blood. Indeed, they have no catalytic properties; they counteract no morbid process in the tissues of any organ, neither have they any agency in eliminating any morbid material from the blood. Iodide of potassium, chlorate of potassa, and stillingia sylvatica are the most reliable articles that we have to meet this second indication.

Although the moderate use of alcoholic stimulants may temporarily excite the dormant energies of the great nervous centres which sustain the functions of organic life, and may sometimes be of great benefit in cases of extreme emergency, when they are given indefinitely they will always be attended with injurious consequences. This they do by inflicting an extra burden upon the excretory organs, particularly the liver and kidneys. These organs, in the normal state of the system, have just as much labor to perform as is compatible with their health. When compelled to eliminate alcohol, they are grappling with a substance which deranges their functions, and sometimes inflicts injuries which ultimately lead to their dissolution. There are very few cases of phthisis which are unattended with some lesion in one or more of the blood-making or blood-purifying organs. The liver, for instance, very seldom escapes. I have already, in another article, shown that this organ is very liable to a variety of engorgements and congestions, which commence at a very early period of the disease, and sometimes constitute most formidable complications. Alcohol instead of relieving these engorgements will only increase them. It cannot, therefore, suit this, our third indication. Blue mass is the most efficient liver stimulator that we are acquainted with; but in every stage of phthisis it should be used with the utmost care.

In conclusion, I would beg leave to say, that I look upon the employment of alcoholic stimulants as a preventive of pulmonary tuberculosis with the greatest suspicion, so much so that our

judgment and conscience revolts against its use for this purpose, although it is recommended by individuals who occupy a high rank in our profession. That men who indulge to excess in the use of these injurious drinks, seldom die with pulmonary tuberculosis, is a fact which cannot be denied. And that some individuals who have had threatening symptoms of tubercular disease have taken to the use of ardent spirits, and regained their health, and lived to a ripe old age, I will not dispute. But all these instances, when carefully examined, will furnish us with but little upon which we can rely to justify us in the use of an article which has proved so injurious to the temporal and eternal interest of man.* Even admitting that there may be some circumstances under which it may be useful to employ it in this malady, yet its ruinous effects upon the moral and intellectual nature of man should forever deter us from prescribing it. It has been demonstrated beyond all contradiction that its habitual use tends directly to harden the heart, sear the conscience, pollute the affections, and corrupt the morals of mankind. It has been shown, time and again, that it causes three-fourths of all the crimes that are committed, and that it changes gigantic strength to pigmy weakness, celestial order to infernal discord, and heavenly purity, light, and love, to hellish pollution, darkness, and hate. Depravity it depraves, and makes vileness still more vile. It increases all the mischief which sin and Satan have occasioned in the soul; while with a mighty force it counteracts all the beneficent designs of Jehovah for its deliverance from sin and its restoration to the dignity and beauty of his image. In the name of God and humanity, we therefore call upon every physician, who cares for the happiness of the race, or who regards his obligations to his Maker, or who appreciates his children's welfare, or the rights of succeeding generations, to use his utmost endeavors to discountenance the use of alcoholic stimulants as a beverage, under any circumstances, in any quantity, and under whatever name or form they may be disguised.

* Dr. John Bell, of New York, in his Fiske Fund Prize Essay, entitled "Effects of the Use of Alcoholic Liquors in Tubercular Disease," after reviewing very carefully all the materials that he could find, on the subject of alcoholic stimulants being a prophylactic for phthisis, says: "*It seems to me almost conclusive that the use of alcohol not only has no power to defend those predisposed to phthisis from its attacks, but with little doubt changes the predisposition into actual disease.*"—*American Journal of the Medical Sciences*, Oct. 1859, p. 429.

Medical Societies.

PHILADELPHIA COUNTY MEDICAL SOCIETY.

Reported by William B. Atkinson, M.D., Recording Secretary.

January 8th, 1862.

VERATRUM VIRIDE.

(*Concluded from page* 167.)

Dr. J. C. Morris had used this remedy for three or four years, and was well satisfied with his results. He rarely exceeded four drops, and often gave but two every three or four hours. This dose he found to control the pulse, and was much safer, giving all the good that could be obtained from a greater quantity.

There was one point he desired to touch upon. He could conceive of its beneficial employment when the congestion of the lungs was active; but in the latter stages of typhoid fever, where we are more liable to have a passive form of congestion of those organs, he could not see how it could be of service: the blood being poisoned, non-aerated, nor circulating, it would but increase the difficulty. Brandy would most undoubtedly be better. He would prefer arterial stimulants in such cases to arterial sedatives.

We have yet to see the results obtained from this remedy fairly stated, in a large number of cases.

Dr. George Hamilton said he had scarcely any experience in the use of veratrum viride, yet he would offer a few remarks, suggested mainly while listening to the *resumé* of Dr. Atkinson upon this subject. The extraordinary curative agency attributed to the article in question would seem to depend upon its power of diminishing the frequency of the pulse. As has been observed by one of the writers quoted by the lecturer, this control of the movements of the heart can only be referred to some powerful sedative or depressing influence, exerted upon the nervous system at large or upon some special portions of this system, and transmitted, mediately or immediately, to the muscles of the heart. While a majority of the authorities alluded to this evening agree, in opinion, that veratrum viride possesses in an eminent degree the power of reducing the frequency of the pulse, and profess to have obtained from its employment in numerous maladies surprising advantages, there exists, however, much discrepancy as to the extent to which it may be required, or can safely be employed, in the treatment of disease.

That any medicinal substance can be pushed to such a degree as to reduce the pulsations of the heart from one hundred and twenty per minute down to fifty or forty-five, and this, too, in the short space of but a few hours, and be maintained at this depression for any considerable length of time without injury to some of the functions of the organism, may well admit of doubt. The cautions given, even by some of those favor-

able to the use of veratrum, not to reduce the pulse below its normal standard, serve to show that such a course is not without injury or danger. With the opinion expressed by Dr. Cheston Morris, that the article in question must be deemed inapplicable, unless in exceptional cases, to the treatment of typhoid fever, Dr. Hamilton fully coincided; and the same remark will, no doubt, apply to the whole class of typhoid conditions. In reference to acute diseases, a marked change in their character has, for many years past, been noticeable. We do not so often see fevers, idiopathic or symptomatic, or pure inflammations presenting so high a grade of arterial excitement as formerly; and hence, in part, the diminished use of the lancet and purgatives.

But in addition to this, a more developed physiology and pathology have made manifest that all diseases, no matter how acute at the onset, after one, two, or three days, tend constantly to a depression and exhaustion of the vital force. In this view, then, may we not rationally doubt that veratrum viride has, by any means, so extended a sphere of utility as has lately been assigned to it? But, again, nature has her own modes of operation in disease. It is impossible to close our eyes to the fact that there is a conservative power in the organism; and the first step in the manifestation of such power is seen in resistance to the impressions of agents, acting from within or from without, tending to disturb the normal functions of a part or of the entire economy. The more striking phenomena of this condition (reaction) are, increased frequency of the pulse, increase of heat, and determination to the surface of the body, etc.—preparatory, as it would seem, to the establishment of a definite series of processes in the capillary system calculated to remove disease, in at least some instances, by the exclusion or elimination of the disturbing agents, or the product of those agents. Can we, then, unless in exceptional cases, administer a drug possessed of such disturbing powers as the one under discussion, with the object, as is our duty, of aiding nature in her efforts for the removal of disease? or do we not rather institute a condition of the nervous, the vascular, and, in turn, of the glandular system, the reverse of that which nature has chosen as her peculiar mode of action for the removal of abnormal and the restoration of the normal functions of the economy?

Dr. Atlee's experience had been pleasant. He considered the article equally applicable, whether the form of disease was low or inflammatory, wherever the pulse was accelerated. With ample experience, he could say that its use was perfectly compatible with the treatment of typhoid fever. It diminishes the frequency of the pulse, while the latter increases in fullness. Used properly, it has not a depressing action upon the heart. When, from 120, the pulse is brought down to 80, it usually becomes more voluminous and natural; less destructive to the tissues through which the blood circulates. What is the danger in disease from an accelerated pulse? In high grades of action we look for inflammatory results in vital organs, which will not occur if the pulse has less force and frequency. The capillaries, in which vital changes, physiological and pathological, must necessarily occur, can more readily accommodate their action to a pulse of natural force and frequency than to one whose hydraulic power is constantly impelling onward an amount of fluid beyond their healthful capacity. The article may be employed in conjunction with stimulants, with wine-whey, brandy-punch, and quinine. He gave four drops every four hours, or a less dose, or at longer intervals. Always instructed the nurse or attendants to time the pulse, and to omit the remedy when the circulation became natural. It is not necessary to produce nausea or depression in order to obtain the happiest results. In scarlet fever it has extraordinary power. In no disease do we have a more frequent pulse or higher grade of arterial action. In twelve hours, by the four-drop dose, he generally brings down the heart to a normal standard. In one case he failed. He had six cases, a year ago last spring, of typhoid fever at one time. In all, he gave the veratrum; in five, after twelve hours, the pulse was natural, and was so maintained by a small dose. One, however, disappointed him; the pulse remained high. He got a new preparation, and that in twelve hours acted as in the others.

Dr. Osler asked if typhoid fever seemed to be shortened by the remedy?

Dr. Atlee.—No! but it is more manageable; there is a flat abdomen all the time; no tympanitis; no congestion of lungs, which arises from the vis a tergo as much as from the poison; perforation of intestine rare, which is no doubt aided by the increased arterial action.

Dr. Osler asked if cerebral disturbance were present?

Dr. Atlee.—To a certain extent, but not as grave.

Dr. Nebinger asked Dr. Atlee how long, in his cases of typhoid, he ordinarily continued the remedy?

Dr. Atlee.—Just as long as the pulse requires it. After several days he stopped it, to see if the pulse went up, and if necessary recurred to it.

Dr. Hamilton, in replying to a portion of the remarks made by the last speaker, (Dr. Atlee,) observed that, in regard to the reduction of the frequency of the pulse, which has been so much dwelt upon, rather more importance had, perhaps, been attached to mere frequency of pulse than was necessary. This condition of the pulse was, after all, only a symptom, not constituting disease in itself, and not indicating, when moderately frequent, any cause of alarm. On the contrary, in the earlier stages of disease, it is to be viewed as the natural reaction of the healthy organism, and is by no means so much to be feared as the reverse condition of extreme slowness of pulse, for here we are nearly always threatened with fatal congestion of organs essential to life. To the doctrine of elimination Dr. Hamilton did not

hesitate to give his assent; yet the existence of so many blood poisons, as the causes of disease, as have latterly been spoken of, is, perhaps, to be looked upon as possible, rather than proven. In reference to the power of veratrum viride to prevent a tympanitic condition of the abdomen in typhoid fever, it must be borne in mind that this disease is sometimes unaccompanied by this symptom—as is the fact in the case of a returned volunteer now under the care of Dr. Hamilton. The utility of veratrum in the prevention of perforation in the same disease is, perhaps, not yet determined. The history of typhoid fever so far, fails to establish any manifest connection between this unfortunate accident and a previous high grade of arterial excitement or special inflammatory symptoms, that, on the contrary, an unusually large number of cases, ending in perforation, are reported to have been unattended with violent symptoms of any sort up to the moment of the accident. This statement corresponded fully with the experience of Dr. Hamilton in this disease; as, out of four cases, occurring to him in a single season, while practicing in the country, one only was attended with a frequent and active pulse, and one of the three remaining cases was without treatment—so mild were the symptoms, until perforation occurred. Dr. Hamilton took occasion to repeat that the remarks made by him in the earlier part of the evening were a mere general statement of the impressions made upon him by the paper presented for consideration, viewed as a whole. Too much discrepancy, in view of the great power of veratrum, was apparent, even among the advocates of its general employment in medicine; while a minority of those cited condemned the article as not only unworthy of our confidence as a remedial agent, but as highly dangerous, from variations in strength, or, what is still worse, probably from vast differences in the susceptibilities of different constitutions.

Dr. Burns felt it necessary for each one to relate his own experience in the matter. This medicine he had heard of several years ago as one calculated to diminish arterial action, and preferable to depletion. Having a brother who had suffered from hæmoptysis since his seventh year, and who had been for thirty years under his care, he had invariably, twice or three times yearly, to use the lancet, the system being vigorous, and the case always being benefited by it. But as he got older, and his forces diminished, he feared to draw blood so freely. He therefore determined to employ some other remedy; his attention being attracted by an article upon the veratrum viride as being similar to digitalis, he employed it after some four or five ounces had been lost by one of those attacks of hæmoptysis. It was given in doses of five drops every three hours. In a few hours he was sent for in alarm, in consequence of a profuse perspiration, with great prostration, having come on. He could account for this result of the remedy by its diminishing the heart's action and setting up an action of the exhalant vessels, which caused a cessation of the hemorrhage. Only two doses had been given. Since then he had never employed venesection, which he had always found necessary for twenty-five years before, as often as two or three times a year. He employed this remedy in all active cases of fever, and particularly in children, especially in scarlatina and similar affections where extreme action had set up. He generally gave a saline mixture in conjunction with the veratrum. He had found in the first two or three days of scarlatina that the remedy was of great value, ceasing its use when the exacerbations had disappeared.

Dr. Jewell asked in what doses he gave it to children?

Dr. Burns replied that he ordinarily gave two drops every two hours, for those under two years, till a decided result was secured.

Dr. Carson inquired if the urinary secretion was much affected?

Dr. Burns had not examined in regard to that. He had used it in typhoid and other asthenic affections. It was not so much in the *modus operandi* as the *tempus prescribendi*. It is not the idea to give it till the pulse is down to 80 only, but to keep it down and subdue it, and keep the system in an equilibrium, no matter what the disease.

Dr. Turnbull had employed the remedy both in scarlet fever and hæmoptysis, but the results in his hands had not been as favorable as in those of his friend Dr. Burns. In a recent case of convulsions, he had employed the tincture in three-drop doses combined in a saline mixture, in a girl eight years of age. It produced extreme nausea, vomiting, with cold skin, clammy sweat, with profuse diarrhœa, with coma and death. In hæmoptysis and heart disease he had also administered it, but with no good result; and this is especially the case if there is organic lesion. In large doses it produces extreme nausea, vomiting, and dyspnœa. He much preferred the preparations of digitalis in scarlet fever hæmoptysis, it having all the effects without the nausea and vomiting. Physicians have been too fearful of the depressing effects of this latter remedy, and yet they are willing to use a new one, more irritating, in much larger quantities, which is known to contain an active agent, veratria, which was proven by experiments and effects upon Mr. Worthington. Who among us has seen death follow the use of digitalis? Not one. We have been too much alarmed when we found the pulse reduced by it. Yet cases have been reported in which one person took a teacupful night and morning of a saturated infusion of digitalis; another swallowed nearly the same quantity at a single dose; and, in *Beck's Medical Journal*, he relates a case in which an ounce of tincture of digitalis, and in a fourth, half an ounce of the same preparation was taken, yet in not one of these cases was there a fatal termination. The proper method of administering this valuable remedy is to commence with twenty or even thirty drops every three or four hours to an adult, and as soon as the reduction of the pulse has been ac-

complished, diminish the dose. The old plan was to commence with a small dose and gradually increase it. This requires too much time. In a recent case of delirium tremens he had given the tincture in half-ounce doses combined with gin, and sleep was induced in a shorter time and a cure effected more rapidly than by any remedy he had tried. It was mixed in water and but two doses were given at three hours interval. A good rule is to suspend the medicine on the occurrence of sickness of stomach, and if disposed to purge, opium may be added to it. It should also be remembered that its effects do not subside for several days after the suspension. The officinal infusion is the best preparation, in scarlet fever or dropsy, given in from two drachms to half an ounce two or three times a day. The tincture is the most desirable form when we desire to affect the heart, as it has a stimulant with it, and should be given in the dose before stated.

DR. OSLER wished to know how it compared with digitalis. His experience only extended to a few cases, as it produced violent vomiting and purging, and he had ceased its use. Since, he had used the tincture of digitalis, particularly in typhoid. He believed it equal to the veratrum as an arterial sedative, having in scarlatina found better results than from anything else.

Adjourned.

EDITORIAL DEPARTMENT.

PERISCOPE.

Weekly Summary of American Medical Journalism.

BY O. C. GIBBS, M.D.

SUMMARY OF THE TRANSACTIONS OF THE ILLINOIS STATE MEDICAL SOCIETY FOR 1860.

As before stated, a part of our *Summary* programme is to give what we find of practical interest, in Society Transactions as well as in journals. These Transactions oftentimes contain very valuable papers, which must of necessity find but a limited number of readers. We shall hope to see the Transactions of every State in which societies exist, for 1861.

The above-mentioned volume of Transactions has been nearly a year upon our table; but, because of an entire preoccupancy of time, and of our available space upon journals and other and anteriorly received Transactions, the volume has been, until now, unread, and consequently not summarily noticed. The volume before us is incomplete—closing in the middle of an article, and with page 222.

Passing over the proceedings of the Society, we come to the able address by Professor N. S. Davis. Though not exactly within the limits of our programme, we cannot let it pass without one quotation. Urging the physician to devote his *whole energies* to his profession, he says:—

"That man who educates himself in such a way that he is capable of wielding the vast stores of knowledge embraced in the science and art of medicine with the highest degree of skill, and keeps himself master of the annual accretions to that store, will find no time or opportunities to distract his attention with other pursuits. If he bestows every waking moment, except such as are required for the direct worship of his Maker, on the cultivation of medical science and its application to the prevention and cure of disease, when he has arrived at the end of full threescore years and ten he will be conscious of having entered but little way into the vast field which was opened out before him at the commencement of his career."

How few physicians are there, among the thousands, who keep themselves "*masters of the annual accretions to the store*" *of medical knowledge!* Of the many American and Transatlantic journals, how few are there who really know anything of their contents! We know of a physician, not a thousand miles from our office, who boasts of being the best-read physician in the county, whose whole library, and that a second-hand one, we are confident does not number thirty volumes, (the latest work in it being Watson's Practice,) and who, to our certain knowledge, has never taken a medical journal in his *fifteen years* of medical practice!

Passing the able address of the retiring President, David Prince, M.D., of Jacksonville, Illinois, we come to a paper by Dr. E. L. Holmes, of Chicago,

ON DISEASES OF THE EYE.

The subject of this paper is that of ophthalmia mainly, and has special reference to the frequency and causes of this disease in the West. The author believes that ophthalmia prevails much more extensively at the West than at the East. Referring to the causes of this difference, he says:—

"The average temperature of the Western States is considerably higher than that of the Eastern. The air is much drier, and the warm weather is of longer duration. The country is far less diversified in surface, and the winds are more violent and continuous."

In addition, it is affirmed that the atmosphere in the West is more transparent, and consequently

the sun's light is more intense; and besides, the dust is more abundant, and because finer, floating more in the atmosphere than at the East.

The author does not regard miasmatic influences as exciting causes. Malaria, by its long and continuous action, producing a miasmatic cachexia, may act as a predisposing cause; but, without the addition of an exciting cause, is inadequate to its development.

The paper under consideration is almost devoid of practical interest, and we have given it notice for the purpose of giving the above opinions of the geography of the disease, of introducing here a practical thought of our own, and of referring to the author's concluding thoughts. The practical thought of our own is this: very many practitioners do not discriminate sufficiently between one form of ophthalmia and another, or between the *different localities* of that ophthalmia. Suppose, for instance, we have a case of catarrhal ophthalmia; to our certain knowledge many physicians treat all such cases with nitrate of silver, without regard to the site of the disease. If the disease be confined to the conjunctiva, the treatment will prove almost a specific. If the sclerotic and cornea be diseased, the treatment is worse than useless, and may prove completely destructive to vision.

Three weeks since we were called to a severe and protracted case of ophthalmia. The cornea and sclerotic were involved; the membranes were so thickened that the pupil could not be discerned at all, and vision, of course, was entirely lost. The patient had been for a long time in the hands of another physician. A solution of nitrate of silver, that felt like fire in the application, was the local remedy used, and blisters to the temples were successively applied. Of the constitutional treatment we know nothing. We gave an unfavorable prognosis. We commenced treatment by preparing an eye-water, composed simply of weak alum-water in which was dissolved a little sulph. morphia. This has not been changed. We introduced a seton in the sterno-mastoid muscle of that side. For constitutional treatment we ordered iodide of potash in two-grain doses three times a day, and one-fourth of a grain of the proto-iodide of mercury twice a day, with a pill of opium at bedtime so long as pain is severe. Three weeks having passed, all pain and the great flow of tears has subsided; the cornea is distinctly visible, though not clear, and vision is tolerably good. In three weeks more we shall expect a perfect cure. The completion of the treatment will be with iron or quinine.

This is not the place for us to write an article upon ophthalmia, had we the ability to do so, and we pass to notice a remark, in conclusion, that every country practitioner should read and heed. We premise that a great majority of cases of diseased eyes have been turned over to quacks, who are ready to promise a great deal more than they are able to accomplish. Dr. Holmes says:—

"If the profession as a whole were thoroughly educated, we are confident inflammation of the eye would less often prove destructive, and the public would have far greater confidence in the profession. As it is, charlatans secure extensive practice in diseases of the eye, and obtain a golden reward."

Patients in the country, suffering from serious eye or ear diseases, and failing to get a cure at the hands of their family physician, think the city doctors can cure anything. They go there, are fleeced of their money, and come back no better than they went. The reason why is, it is contrary to the code for a good and honorable surgeon to advertise, and the patient picks up a city paper before he starts, so as to know exactly where to go, and he is sure to fall into the hands of an advertising quack. The best remedy we know, is for physicians in the country to be thoroughly posted upon these diseases. If a case is presented requiring surgical treatment that he does not feel prepared to perform, let him honorably say so, and advise his patient to some competent and legitimate surgeon, and not, as the custom of some is, hang to him until he bolts and falls into the hands of some unprincipled quack.

The next paper in the *Transactions* is by Prof. W. H. Byford, of Chicago, and is upon the subject of *Inflammatory Affections of the Female Breasts.* This is an article of thirty-four pages, and illustrated.

Our space will not justify us in following Prof. Byford through the various divisions of his subject, detailing causes, etc. We can only give a brief summary of treatment. It may be well to observe in the outset that Prof. Byford believes that cracked and excoriated nipples are more common than formerly, because the skin covering the nipple is rendered soft and tender by the extraneous covering worn by a vast majority of females in compliance with the demands of fashion. He also believes that absent and imperfect nipples are mostly the result of imprudent

pressure upon the breasts by stays and in tight lacing. Prevention is better than cure, and to this end, he says:—

"The nipple, therefore, should be covered lightly during pregnancy and nursing. The thinner and more permeable the covering the better. It should be of such character as freely to admit the air. At the same time it should be subjected pretty constantly to moderately rough friction. An excellent dressing for the nipple for the last two months is a rough, coarse sponge, so cut as to cover the areola, surrounded and covered loosely, but to touch every part of the nipple. Over this there should be but one thin thickness of goods, so as to allow of the evaporation of fluids as fast as secreted, and the free admission of atmospheric air." * * * "During lactation the same exposure to air and lightness of covering should be observed, and after nursing, the nipple should be wiped clean and dry before being returned under the clothing. This is a rule that should never be neglected."

When cracks or abrasions of the nipple have taken place, producing much suffering at each attempt at nursing, much can be done, in aid of cure, by a judicious selection of shields. These should be so selected for individual cases as to take off pressure from the part diseased.

"When the cracks are deep, it is indispensable to quick cure that they should be closed up, and kept so until complete adhesion of their sides takes place. This may usually be done with great facility in the following manner, viz., press the nipple in such a way as to close the crack, and while thus holding it, apply a thick layer of collodion over the surface. We should apply the layer thickly, and have it extend some distance in every direction, so that it will keep the crack together. The collodion is not easily sucked off by the child, and if the nipple shield be used, it need not be disturbed at all until completely healed. We should watch the coat of collodion, and renew it when it seems to be becoming deficient by violence of nursing."

In excoriations or ulcerations of the nipples, mucilaginous and astringent applications are in dicated. Mucilage of gum-arabic, glycerin, etc., with tannin, kino, (catechu is not mentioned, and it really is the very best vegetable astringent in such cases,) sulph. zinc, nitrate of silver, etc. We give the following as a sample of his formula:—

"℞.—Glycerin, 3ij;
Sodæ sub-borat. 3ss;
Aquæ rosæ, f℥iss. Mix.

Use as a wash each time after nursing."

In chronic cases, he says: "The nitrate of silver has done the most good in my hands."

In the treatment of inflammation and abscess of the breast, the treatment resolves itself into preventive and curative. As an imperfect nipple is among the most common causes, it is important that any defect here should receive early attention. It is too late to remedy this when the breast is already inflamed. Previous to labor, during the months of pregnancy, is the time to give this matter attention. Various means are spoken of by Prof. Byford for developing the nipple, but we have not space for their enumeration. We mention one not alluded to by him, nor any one else, so far as we know. In cases where the nipple is known to be absent, or but very imperfectly developed, and where it is expected such a development will soon be needed, a cup should be constructed, the cavity of which is of the shape of a model nipple; to this should be attached a stop-cock, as in the cupping-glasses, fitted to pump-exhausters. These should be frequently applied, and exhausted by means of a pump, the stop-cock turned, and worn for a time. This process, if continued for a sufficient length of time, we think will not fail in developing a nipple sufficient for all purposes of nursing.

When inflammation has commenced, he thinks the breasts should be kept emptied of milk. To do this, he says: "The only proper thing for drawing the milk is the mouth." If the mouth only is used, his advice is judicious; but we are confident that it is far better to let the breasts entirely alone than to adopt the harsh measures frequently resorted to to evacuate the milk. Belladonna may be applied, he says, but he does not give us the results of his experience with this agent. In fact, we think he does not sufficiently insist upon it. We have used it many times, and have never seen an inflamed breast terminate in suppuration, when we saw and commenced with the belladonna early. Generally we anticipate the inflammation; where the child is still-born, or the nipple is so defective as to prohibit its use, we commence *at once* with the belladonna, and the milk secretion is arrested. He speaks highly of "a bladder partly filled with ice and water, with a piece of flannel between it and the skin;" he says it will serve a good purpose. "Opium in large doses, so as to keep the patient very thoroughly under its influence, aids very much in arresting the secretion of milk." * * * "For internal treatment a saline cathartic every other day, and two grains of iodide of potassium every four hours, may be relied upon as materially aid-

ing the other treatment." In some cases bloodletting and veratrum viride may be required. Dr. Byford has great faith in the last mentioned in arresting inflammations. We confess we have never tried the veratrum viride in such cases. But, of such as we have, we would give a decided preference to iodide of potassium and salines.

When suppuration has taken place, "there can be no doubt, I think, that the earlier the matter is let out the better, for several reasons. The cavity becomes larger by allowing it to remain; it burrows through the surrounding tissues; the longer it remains, the greater the amount and duration of the irritative fever that accompanies its retention."

The next paper in the *Transactions* is a *Report upon Surgery*. This is divided into three parts: the first is by Prof. Daniel Brainard, of Chicago; the second, by David Prince, M.D., of Jacksonville, Ill.; and the third, by Dr. E. Powell, of Chicago. The whole report occupies sixty pages, and embraces so many subjects that our space will not admit of a complete *summary*. Prof. Brainard's paper, though interesting and valuable, need not detain us long, for it is mainly a repetition of his novelties in opinions and practices.

Prof. Brainard first considers the various methods of treating *ununited fractures*, and remarks upon the advantages of his own, and the conditions necessary to success. Among the conditions, he insists "upon the importance of extensive, deep, and in some cases, of repeated wounding of the bone as essential to success." We believe it is admitted that the *formation* and *deposition* of new bone substance are the result of the physiological action of the periosteum. If union does not take place after fracture, the fractured surfaces being coaptated and firmly fixed, it would seem to us there must be an inactivity or lack of integrity of the periosteum covering the bone. Who will first attempt to cure a case of non-union by no drillings or other woundings of the bone, but by a subcutaneous irritation or medication of the periosteum? The plan of Prof. Brainard is well known, and needs here no repetition. There is, perhaps, no one method adapted to all cases; yet it is probable his method, when properly put to the test, is adapted to the cure of more cases than any other.

Prof. Brainard's method of treating *angularities of the bone after fractures* and anchylosis, is probably less known. The method of treatment consists "in weakening the bone by subcutaneous perforation, and causing it to soften by the inflammation thus excited, and then straightening it by pressure applied gradually or suddenly by the hands." The number of operations performed in this manner are few, but the results are satisfactory.

Prof. Brainard next gives a new method of *reducing certain dislocations of the hip*. He says:—

"The method which I have found successful in dislocations of the hip into the thyroid foramen, consists in placing between the thighs and against the perineum a piece of wood properly padded, which serves as a fulcrum, and making use of the members, with the knee extended, as levers, by which I have uniformly been able to reduce this dislocation."

Prof. Brainard gives *an improved method of opening the trachea*. After exposing the thyroid body, he passes under it two strong ligatures, and ties with a space between. The isthmus of the thyroid is now cut between the ligatures, and the trachea can be opened without the loss of a drop of blood, which is the peculiar advantage of the operation. He avoids the necessity of the trachea tube thus:—

"Having denuded the trachea, insert a small suture needle, armed with a ligature, beneath two of its rings. Withdraw the needle, and, drawing gently upon the thread, making a semicircular incision on one side, so as to form a valve, readily opened by drawing upon the thread. The opening thus formed can be kept patent or be allowed to close at will."

Prof. Brainard would treat indolent ulcers by vapor of iodine. The manner of using it is as follows:—

"1. Dress the ulcer with simple cerate, spread on lint.

"2. Take from one to four grains of iodine, according to the size and degree of indolence of the ulcer, folded in several layers of lint, and place it on the ulcer, over the first layer.

"3. Cover this with a piece of oiled silk and tin foil, which should be large enough to extend beyond the edges of the ulcer. This is to prevent rapid vaporization, and it should be secured by a roller."

Chronic hydrocephalus, spina bifida, empyema and large scrofulous abscesses, Prof. Brainard would treat with injections of iodine. We have not space to specify particulars. This treatment in spina bifida is probably more successful than any other. To the inexperienced who would put it to the test, we would recommend a careful reading of Dr. Brainard's *seven* rules for use.

Professor Brainard's plan of treating serpent-bites and poisoning by woorara with iodine is well known, doubtless, to most if not all our readers. He says:—

"The solution of iodine and iodide of potassium, in the proportion of ten grains of the former and thirty of the latter to the ounce of distilled water, is, within certain limits, an antidote to the venom of the rattlesnake. When the venom is deeply inserted, or when it has been absorbed, the antidote, to be effectual, must be infiltrated into the tissues."

Professor Brainard claims for Dr. James S. Whitmire, of Metamora, Illinois, the honor of first discovering and suggesting iodine to be an antidote to the venom of serpents. We make one quotation from Dr. Whitmire's paper upon the subject.—

"Since I commenced the use of iodine, in the treatment of the bite of the rattlesnake, I have had every reason to be satisfied with its use; never, in the course of fourteen years' country practice, having been disappointed in its effects. During that time I have treated seventy-five cases in man, which have comprised every grade of the effects of the poison that may be produced, reasonably, short of absolute dissolution, to within an hour of the infliction of the wound by the serpent. When called in a recent case, or even within fifteen hours of the bite, I now adopt Professor Brainard's plan; which is, to inject the cellular tissue, in and about the wound, with the tincture of iodine, by means of a sharp-pointed silver syringe, and then proceed to paint the swollen parts thoroughly with the tincture, and try to keep in advance of the swelling, from two to three inches; and in recent cases, this is all the treatment necessary to complete the cure.

"If called after the constitutional effects of the poison have become developed, I paint the limb, and even the whole body with the tincture, and give, internally, wine or brandy, with iod. potass. and chlor. potass., dissolved and largely diluted in water, till the urgent symptoms begin to subside, and then administer quinine and iron as a tonic, etc."

Professor Brainard recommends trephining for epilepsy caused by ancient fractures of the skull. With him we believe this operation is by far too much neglected, and the unfortunate epileptic is allowed to go on unrelieved to mania or dementia. Professor Brainard has operated six times: one patient died, the remaining five were much relieved. It was our good fortune to see Professor Ackley trephine in a case of this kind, in the winter of 1848 and 1849. The patient was a young lady. The depression was upon the forehead, just over one eye, was caused by the kick of a horse, and had existed for twelve or fifteen years. From the first years the epileptic convulsions were gradually increasing in frequency and severity. Professor Ackley trephined—the membranes not pulsating, he punctured and drew away several ounces of pus. Considerable dead bone was found, which was removed with mallet and gouge. The wound was so dressed as to permit of the escape of pus, and the patient ultimately recovered.

Part Second of the Report under consideration is upon *Metallic Sutures and Ligatures.*

Dr. Prince says: "The practicability of metallic wire for *ligatures* upon arteries is still an open question." He has carefully put metallic ligatures to the test of experience. His conclusions are that metallic ligatures "are entirely unirritating to the textures, and, under favorable circumstances, excite no inflammation or suppuration." This peculiarity permits of cutting the ligature close to the knot, and then healing the wound by first intention. If it be true (and several other surgeons have made the same affirmation) that metallic ligatures thus left in the textures will not become a source of irritation or suppuration, then do they indeed possess a very important advantage over the common silk or thread.

"But," he adds, "wire does not admit of being applied as tightly as thread, on account of its inferior tenacity, when bent abruptly upon itself, either by tying or by twisting."

Of the different metals, he says:—

"The blue unoxidizable (annealed) iron wire possesses great advantages over silver when the method by twisting is resorted to for fastening, on account of the greater tenacity of the wire in proportion to the size; but if the knot is employed, the iron wire does not slide quite so easily as the silver; yet it is capable of knotting down completely upon itself, making the iron superior for very small vessels. For *sutures*, when no great degree of tenacity is required, and when a size, equal to fine saddlers' silk, may be an advantage, the iron has no superiority over the silver."

It may be remembered that the experiments of Professor Simpson, of Edinburgh, prove the iron ligature to be three times as strong as the silver, both being of equal size.

Dr. Prince concludes thus: "We may, therefore, look for the profession to settle down upon a preference for silver for *sutures*, and iron for *ligatures*."

Part Third of the Report upon Surgery is upon *Fractures.* We shall allude to but one idea con-

tained in this paper. Three times in the space of a few pages Dr. Powell objects to the use of a roller under the splints in dressing fractures. We make one quotation:—

"A roller is not placed beneath the splints next to the skin, which, I think, not only is not productive of any good, but capable of doing a great deal of harm. In proof of this statement, I will simply cite two cases which came under my care, in one of which the skin was raised in blisters between every turn of the roller, from the hand to the shoulder. The other was more or less blistered, but not to the same extent."

It is certainly amusing to see with what earnestness two physicians, for instance, will advocate directly opposite treatment, or take opposite views in regard to the same treatment. As a case in point, one may regard the local use of nitrate of silver in diphtheria as of the first importance, and second to no other remedy; another, with equal earnestness, condemns it as worse than nothing. Surgeons too often earnestly and honestly advocate directly opposite views in regard to any given disease, accident, or condition. We may instance the point under consideration. If there is one thing we prize more than another, in the treatment of fractures of the limbs, it is a roller applied *under* a retentive apparatus. We never saw blisters result from their use, and, if properly applied, we cannot see the necessity of their occurrence, if the dressings are kept dry, as they always should be. With a roller applied from the extremity of the limb to some distance above the fracture, where practicable, we have the inflammation and swelling consequent upon the injury almost entirely within our control, and a limb so dressed will not require daily watching to loosen or tighten the dressings, to correspond with the varying dimensions of the limb. Without the roller, the limb swells to fill the interspace between the splints—pressure is unequal, the circulation in the limb is disturbed, excoriations are more likely to occur, besides the member is far less comfortable than under the roller.

As Dr. Powell has cited two cases, we propose to cite two. While working with a stump machine consisting of a long and heavy lever, chains, etc., and just as a very large pine stump was lifted and poised at an angle of about 45°, a chain broke, letting the lever, and consequently the stump, back with terrible force. As the motion of the lever was nearly spent, it struck two men on the legs about six inches above the ankle-joint, knocking them down and resting upon a limb of each. The team became frightened and started off in a straight line of the lever, drawing it several feet across the limbs beneath. We were on the spot within fifteen minutes, and found that each of the two men had a leg broken—the bone in each apparently crushed for about four inches. The point of injury was near the middle of the leg, but slightly nearer the ankle than the knee. We ordered the patients carefully removed to a hotel, while we went for bandages, splints, etc. There was a social gathering of medical men at our house that day, and we invited our guests to our rather unexpected *clinic*. We commenced with what we considered the worst case, and, aided by one of the physicians present, we applied a roller evenly from the toe to the groin, carefully adjusted the fragments, and, as a convenient means of keeping up extension, fastened the limb to Day's double inclined plane. The application of the dressings occupied but a few minutes, when we were ready for the other limb. One of the gentlemen present had considerable reputation as a surgeon, and we noticed he watched our proceedings with a singular expression of interest and surprise. Wishing to relieve our former assistant, we asked this gentleman and surgeon to assist us in applying the roller. He hesitated a moment and then beckoned us one side, when the following conversation occurred: "You will have to remove that roller by to-morrow or lose the limb." "I must beg leave to differ with you; I consider it the best part of the dressing, and do not fear the consequences you predict." "If you are not compelled to, then I will engage to eat the roller, dressing, limb and all." "As I am to take the undivided responsibility of the result, you will permit me the privilege of dressing it as seems to me judicious. Will you assist me in applying the roller?" Loud enough to be heard by the fifty lookers on, "*I* will *dress* this other limb if you wish me." Being but a few weeks a resident of the State, I gave way, and my surgeon-guest dressed the limb with a many-tailed bandage, which, of course, afforded no pressure, and applied a splint identical with the one I had used on the other patient. We were informed that our professed friend, in our temporary absence from the room, informed the lookers on that the limb he had dressed he would warrant to do well, but the one we had dressed would do badly unless redressed. The patients were taken home the

same day, some eight miles from here, and to within one mile of the office of our criticising surgical friend. They both insisted upon our taking the care and responsibility of the cases. Now for the result. The limb that had the roller on did not swell, was not a source of very great discomfort; the patient laughed with his friends, sung, was social, cheerful, and seemed comfortable and happy. At the end of three weeks he was out upon crutches. The roller was not removed until at the end of the third week, when the splint was removed and the limb was dressed with a pasteboard splint and a roller, applied three thicknesses as high as the knee, and starched. Suffice it to say that the cure was soon complete and perfect—the roller having produced no blisters or other unpleasant symptoms.

In the other case the limb swelled badly, was very painful, disturbing sleep, appetite, etc. Any movement on the part of the patient, even involuntary contractions of the muscles of the thigh, would give rise to a grating of the fragments of broken bone that could be heard throughout the room. This we tried to obviate by applying a roller snugly to the thigh, by tightening the ties fastening the splint, and various other means, but all to no purpose. Though a man of greater strength, better health, and more fortitude, naturally, than the other patient, yet he was now completely discouraged and was often found weeping. On the *eleventh* day we told him we must shift the responsibility to the surgeon who originally dressed the limb, or *redress* in such manner as pleased us, when we would willingly be responsible for the issue. Expecting to be discharged, we were disappointed when he told us to do with it as we pleased. We removed the dressings, applied a roller as in the first case, extended the limb three-fourths of an inch from its former position, (we were at first confident proper extension had not been made,) and reapplied the splint. As there was considerable swelling the roller was applied very snugly. From this time there was no further grating of the fragments, but little suffering, and the patient became at once hopeful and cheerful. The cure was ultimately perfect, but he was not on his feet as early by three weeks as was the other patient. We should not have waited until the eleventh day before redressing, but for our reluctance to meddling with what had been done by another. In this case there was no blistering or other bad consequences from the roller.

If we have been tedious in our details of these cases, our motive has been good. To country practitioners of limited surgical experience we would urge the importance of the application of the roller, in all cases of fractures of the limbs, before applying other dressings.

The next paper in the *Transactions* is by Prof. N. S. Davis, upon the *Composition and Properties of the Milk of the Human Female, as modified by Menstruation and Pregnancy.* We give a conclusion or two, without quoting the facts from which those conclusions are deduced. Prof. Davis says:—

"From all the foregoing facts and analyses, I am led to infer that the occurrence of pregnancy during the ordinary period of lactation either speedily reduces the quantity of milk secreted or lessens the proportion of solid or nutritive constituents to such a degree as to render it insufficient for the proper nourishment of a child over six months old. In a small proportion of cases, however, the milk secreted continues abundant and of good quality, but the health of the mother rapidly declines; while in a still smaller proportion of cases the mother and child both continue well nourished and healthy."

In regard to the composition of healthy human milk he says:—

"If we compare the results obtained by me with those just given, we may deduce the following table, which will probably afford as reliably a representation of the average composition of healthy human milk as can be obtained:—

Water	885·50
Solid matter	114·50
Of which there is:	
Butter	29·70
Sugar and extractive	43·35
Caseine	38·27
Salts	7·20"

In regard to artificial food for young children, Prof. Davis says:—

"During the last three or four years I have regulated the food of infants coming under my care in accordance with the foregoing propositions, and with the most satisfactory results. The solidified milk, manufactured in Dutchess County, New York, contains just about the required amount of additional soda and sugar, and, when dissolved in the right proportion of water, makes the best food that I have yet used for infants deprived of the mother's milk. I have now, within my circle of patients, three infants growing finely on the solidified milk exclusively, and have been, since they were from three to six weeks old."

In cities we have no doubt this last suggestion is of the first importance. Practicing in the country, we have seen many children brought up by hand; and these same have flourished finely. For young children denied the breast, we have generally directed new cow's milk, reduced one-half with water; to this a little sweet cream has been added, and also a little pure sugar. All artificial food should be given from a bottle—"*suction being the only proper mode of feeding for a young child.*"

Ordinary city milk is entirely inadequate to the healthy nourishment of young children. Cow's milk should be obtained fresh as often as convenient. The milk from one and always the same cow should be used, and not a mixture of the milk of many. Where not too inconvenient, the milk should be drawn as required for use. Cow's milk undergoes decomposition much more rapidly than woman's milk. Prof. Davis's experiments upon this point are conclusive. On letting the two kinds of milk stand in vessels of the same size and shape, he says:—

"The specimens of cow's milk emitted an acid smell and reaction, together with a visible coagulation of the caseine in thirty-six hours, while the specimen of woman's milk remained apparently perfectly sweet, and free from coagulation at the end of forty-eight hours."

Cow's milk should not be diluted with water, and sweetened only as it is wanted for immediate use, for the experiments of Prof. Davis have shown such milk to undergo decomposition more rapidly than the undiluted cow's milk. A little salt or bicarbonate of soda added to the pure or diluted milk very materially retards the process of decomposition.

The next paper in the *Transactions* is upon *Rheumatism*, and is by Dr. James S. Whitmire. The author's views of the nature and treatment of this disease correspond with those advocated by the late Prof. J. K. Mitchell, and which are, doubtless, well known to most of our readers. Suffice it here to say, that they regard the disease as having a spinal origin, and believe that cupping and blistering to the spine should form a part of all judicious treatment.

Since we read the essay of Prof. Mitchell, we have been observing cases of rheumatism, with the view of confirming or disproving his theory. We confess we are favorably impressed with the correctness of his views. We were prepared for a favorable reception of the idea, for we had previously treated several cases of chronic rheumatism and sciatica with strychnine with entire success, after failing with the usual remedies. We could not account for our success with this remedy, except by supposing the disease was some way connected with the nervous centres.

The next paper is a *Report upon Practical Medicine*, by Dr. C. Goodbrake, of Clinton, Illinois. This report contains very little that is original to its author; is made up mostly of extracts from letters received in response to a circular issued and sent out to physicians in various parts of the State.

Dr. J. O. Harris, of Ottawa, speaking of *Diarrhœa among Children*, says:—

"In this disease I found that after exhausting all the usual remedies advised by our standard authors and by my brother physicians, that quinine, in *full* doses, frequently repeated, acted (or seemed to act) admirably. I thought at the time that I was prescribing empirically, and now I do not pretend to explain the modus operandi of the remedy. I only know this, that my patients recovered under the use of quinine, and I still frequently prescribe it when I see no particular indication for its use."

Bearing upon this subject, we beg leave to refer to another paper. In the *Oglethorpe Med. and Surg. Journal* for May, 1860, Dr. J. S. Rich, of Florida, has an article upon the treatment of *cholera infantum*. He says he has seen much of the disease, but his success was not remarkable until, in 1855, he commenced treating with large doses of quinine. Among others, he reports the case of his own child. We quote his treatment. The following was ordered:—

"℞.—Calomel, grs. iij;
Sul. quinine, grs. v;
Ol. turpentine, gutt. xx;
Honey, ℥j. Mix.
S., give at one dose."

In the course of some twelve hours this dose was repeated, (omitting the calomel.)

"Under the influence of these doses, for the period of some thirty-six hours, I could not detect any other effect of the quinine than a most profound and salutary sleep; the pulse, which had been much too frequent, irregular, thread-like, and fluctuating, became slow, as in health, and firm; the skin was continually moist with warm perspiration; the kidneys acted most copiously; bowels acted twice, the last showing that the liver was performing its healthy functions. The most remarkable change was the disappearance of the general cadaverous aspect and *grave-yard odor*. The return of appetite and general powers of digestion was extraordinary."

To the *Report upon Practical Medicine*, Dr. David Prince, of Jacksonville, contributes a few remarks upon *Diphtheria*. We have space for only one remark, viz.:—

"The local application of strong solution of nitrate of silver has not acted as satisfactorily as I had been prepared to expect. A weak infusion of capsicum and a *saturated* solution of chlorate of potash, singly or in combination, have proved more satisfactory."

This corresponds with our views expressed in a former *Summary*.

Dr. Hard, in his Report upon *Veratrum Viride*, says:—

"I have been wary in the use of it in scarlatina and measles, lest it might suppress, by its powerful revulsive direction to the alimentary tubes, the rash."

Dr. Prince speaks highly of this remedy in *scarlet fever*, and thus concludes:—

"With my present experience, I should use the stimulating treatment more speedily after the control of the pulse by means of the veratrum viride, and employ it very freely."

The following is Dr. Hiram Nance's treatment of *Typhoid Fever*, as we abstract from the report under consideration:—

"My treatment, stated in brief, consisted of spts. æth. nitri. 3viii; Norwood's tinct. veratrum viride, gtts. xl. Mix. Give one teaspoonful to an adult, every three hours, so long as the active stage remains, increasing or diminishing the dose as the case requires. It may be necessary to continue this medicine for eight or ten days or more. I also prescribe, at the same time, turpentine emulsion, usually combined with tinct. opii; the first prescription subdued the activity of the pulse, and acts favorably upon the urinary and perspiratory systems; the latter, containing laudanum, quiets the nerves, promotes sleep, and the spts. turpentine has its specific action upon the glands of the mucous membrane of the bowels. I use fomentations to the bowels, and sometimes turpentine epithems."

He has no confidence in quinine as an abortive agent in the early stage of this fever.

Dr. Goodbrake concludes his report with a few remarks upon *Diphtheria*. We make but one quotation:—

"As a local application to the fauces and tonsils, we found the mur. tr. iron to answer the best purpose in all cases that came under our treatment. We tried the nitrate of silver, sulp. of copper, alum, and alum and sulp. of copper combined; but the tinct. of iron seemed to have the best effect in our hands.

"The best remedies internally seemed to be quinine, tinct. of iron, chlorate of potassa, and good porter or brandy, with good nutritive diet."

Those of our readers who have read our *Summary* for the last two years, will observe that this is our treatment exactly, and we believe it is the best known.

The next and last paper in the *Transactions* is upon *Perineal Pressure to Facilitate Labor*, by Dr. T. D. Fitch, of Kewanee, Illinois. As the paper in the volume before us is incomplete, we cannot give the author's views. From the foregoing it will be seen that the Illinois State Medical Society is a live society, and we shall hope to see the volume of *Transactions* for 1861, and if so we will give our readers an idea of its contents.

TONIC AND STIMULANT FOR THE HAIR.

We have used the following prescription with great satisfaction for a number of years, and unhesitatingly recommend it to our readers:—

℞.—Quiniæ sulph. 3ss;
Acid. sulph. aromat. f℥ss;
Tinct. cantharidis, f℥ss;
Myroxylon, f℥j;
Eau de Cologne, f℥vij. M.
Ft. lotio.

THE MEDICAL AND SURGICAL REPORTER.

PHILADELPHIA, SATURDAY, MAY 24, 1862.

HOSPITALS FOR THE INSANE OF THE MIDDLE CLASSES.

It is within the memory of those a generation younger than the "oldest inhabitant," when the unfortunate subjects of insanity were regarded rather in the light of criminals than of persons who needed the care of the physician and the attention and sympathy of humane and competent nurses. This was true, at least, of those afflicted with those forms of mania which rendered them either violent or troublesome. The change of sentiment in regard to the treatment of the insane is certainly creditable to the humanity and Christianity of the age, and to the philanthropy of Pinel and his colaborers who initiated it. As a result of this desirable change, magnificent hospitals have been erected for the proper management of the insane, where every appliance that money and art can command, or benevolence suggest, is made available for their comfort and proper medical and sanitary treatment. Even the insane poor of our larger cities are well provided for in these respects, though there is still

room for improvement. This, however, is gradually taking place.

But there is a class of insane who are not well provided for. We refer to the insane of the middle classes in the community—that large proportion of the population who are neither rich nor poor, and which furnishes its full quota of those who are subject to mental maladies. From circumstances connected with the cause of their mental alienation, which we need not take time to enumerate here, they should frequently be peculiar objects of sympathy, and the recipients of every advantage in their treatment which modern science suggests or benevolence can place within their reach. The limited free lists of the first-class hospitals can accommodate but few of them, and they have not the means to enter these institutions as pay patients. The State makes very inadequate provision for them, and the only resort of this unfortunate class, especially in our large cities, is the county poor-house, where they are obliged to mingle with a class of persons whose insanity has been brought on frequently by vice and immorality, and where, too, they are compelled to come in contact with and be partially under the care and direction of low, vicious, and immoral paupers, who in these institutions are frequently employed as assistant nurses, and to perform a portion of the labor of the hospital. To a sensitive nature, whose insanity may have been caused by reverse of fortune, or by unwritten heart troubles which have been their misfortune and not their fault, such an association seems degrading; and the effect cannot be otherwise than injurious.

What is needed, and which we trust will be, ere long, provided, are hospitals neatly and substantially built, with proper surroundings, and facilities for treating the insane by the most approved methods, but gotten up and managed so economically that a small amount, say three dollars a week, would be a compensation for the board and treatment of the patients. Such institutions would almost of necessity be located in the vicinity of our largest cities; and, if we might be allowed to suggest a plan of getting them up, it would be something like this:—

The means should be obtained from three sources: first, State; second, municipal; and third, individual bounty.

It is but just that the State should contribute something toward the support of the insane of the poor and middle classes of our large cities, for they have to bear much more than their share of the aggregate expense of supporting the insane of the State, for obvious reasons, and they send fewer of their insane, in proportion, to the State Institutions, than do other portions of the Commonwealth.

As a matter of municipal economy it would be to the interests of our large cities to aid in the establishment of such hospitals as we propose, as it would, undoubtedly, relieve their almshouses of a large number of insane patients who are now supported entirely at their expense.

And, finally, as a matter of individual beneficence, the history of our hospitals for the insane shows that the public are ever ready to contribute with liberality to the establishment and support of institutions devoted to the treatment of this unfortunate class of our fellow-men.

Once established, these hospitals for the insane of the middle classes should be made to sustain themselves, by charging a barely remunerative board, and by *the labor of the inmates.*

To show what may be accomplished at a moderate expenditure per capita, we would mention that for the year 1861 the average weekly cost of supporting the patients in the insane department of the Philadelphia Almshouse was but one dollar and twelve cents, ($1 12.) Double that amount would procure many comforts and appliances, of which these patients are denied, but whose condition is in the main rendered very comfortable, and many of whom are annually restored to health and their friends.

There is room for ameliorating the condition of the insane of the poor and middle classes of Philadelphia, and we would be glad to see this city take the initiative in this country in establishing such a hospital as is proposed above. Such institutions are being established in Europe, and are accomplishing much good.

If it should be argued that the insane of the poorer should be as well cared for and treated as those of the middle class, we reply, very well—only let there be better means of classification than obtain in our almshouses, and let the city pay the board of her pauper insane in an institution established as above proposed.

☞ We would call the attention of our subscribers to the notice calling for back numbers of the Reporter, which we much need to complete files.

EDITORIAL NOTES AND COMMENTS.

Medical Literature in the Army.—A correspondent, writing from Camp near Corinth, Miss., says:—

"Seven long months since my eyes last ran over the pages of the REPORTER; but while in the quarters of Dr. Murray, on yesterday, I was surprised as well as gladdened by the old familiar form, which instantly carried me, by the irresistible impulse of memory, back to the days of home and peace, where a man could sit down and read, and enjoy his books and his papers; but here all is different—not a page of medical news have I seen since my entrance in the army, until I met this number of the REPORTER! Long may it live! Government furnishes no books for the surgeon, save and except Thompson's Conspectus! The army is the grandest place for a medical man to forget everything he may have known, that I could think of! The supply table cuts *off all* opportunities for investigation, and all he can learn is practical surgery! I was in charge of the principal field hospital, and had an extensive field for operating at the fight at Pittsburg Landing."

Of course it is not to be expected that any large amount of medical literature can be supplied to surgeons on active duty in the field. Our government has not been altogether unmindful, however, of the wants of the surgeons in its employ, as the government hospitals throughout the country are well supplied with reading matter for their surgeons. Certain it is that a large number of copies of the REPORTER are sent regularly to the Government Hospitals, and many of our subscribers are particular to have their copies follow them to camp wherever they may be.

Changes in the School of Medicine in Paris.—The sleepy École de Médecine of Paris has just been aroused from its lethargy, in a manner which it is to be hoped will prove beneficial to the profession and advantageous to the progress of medical science.

It seems that the Baron Paul Dubois, accoucheur to the Empress, who has been Dean of the Faculty for many years, has been unexpectedly asked to resign, and M. Rayer, Physician to the Emperor, has been named Dean in his place. It has been felt for some years that the faculty of Paris, although it contained more renowned men than at any former period in its history, lacked initiative, and that more progress was being made in other countries than in France. M. Dubois, though himself a man of superior attainments, was considered as partly responsible for this state of things, being charged with indifference to the progress of medical science. M. Rayer, on the contrary, unites to great talent as an organizer, a thorough spirit of progress, and the change, on this account, gives the greatest satisfaction to the whole profession of the country.

At the same time, the Government created two new chairs in the Faculty, which had long been regarded as wanting for the perfection of this body, viz., a chair of Comparative Medicine, and a chair of Histology. The chair of Comparative Medicine is confided to the new Dean of the Faculty, M. Rayer, and that of Histology to M. Charles Robin, the celebrated physiologist. These distinguished men are eminently fitted for the positions to which they have been appointed, and will add new life and vigor to this celebrated school, which has been suffering for want of them.

CORRESPONDENCE.

Foreign Correspondence.

Hotel Dieu. Service de M. Jobert (de Lamballe.)

PARIS, May 3, 1862.

Dissection of a leg, which was amputated above the knee three days ago, for an encephaloid tumor, situated on the exterior surface of the perineum. The tumor was two and a half or three inches in diameter, and softening had begun at the centre. The patient is a woman, over thirty years of age. She is now doing very well indeed. I saw the stump dressed this morning, when it was examined for the first time by the surgeon. The first day after the operation, she had rheumatism of the shoulder, with fever. The fever has now disappeared, but the pain remains.

Remarks.—This tumor originated in the periosteum, which is an extremely common seat of cancer, much more so than the osseous tissue itself. One great cause of its frequency is probably the great vascularity of the periosteum, and this opinion is favored by the fact that near the extremities of the bones, where the vascularity is greatest, there is the greatest liability to it. When first described, it was called fungus exostosis. Abernethy called it sarcoma. It is *always* of the encephaloid kind; the periosteum being the only tissue which is affected by *only one* variety of cancer. It is much easier to diagnosticate than osteo-sarcoma, or cancer of the bone proper.

It is of the highest importance in an operation for a cancerous tumor, of whatever kind, to remove *all* of the diseased structure; and in *this* variety, in order to fulfill the indication, it is not sufficient to extract the tumor only; the bone itself must be removed by resection, or better yet, amputation may be performed some distance above the disease.

Cancer is not a diathesis. Sometimes it is local *only*, and when removed, patients have often been free from any return fifteen or twenty years afterward. This is proved by experience. Often, however, there is a *general* cause for the cancer which exists in a *particular* organ, and in this case it will return.

Encephaloid of the periosteum may attack the young or the old. I have amputated at the shoulder for it in a boy of thirteen; but in this case the scapula was affected, unfortunately, at the time, and of course he died shortly afterward.

In another young man, I performed the same operation several years ago, and until last summer at least, there was no return, for he sent me from his country-seat a hare regularly every year. Last summer he sent me no hare, and I fear the worst.

I have also operated on a man of fifty-five, and twelve years afterward he was perfectly well. In this last case, during the operation, the surgeon who had charge of the artery suddenly fell over, and from the immense loss of blood which took place before I could seize the vessel, the patient was in great danger for some time afterward.

There is a theory that cancer always has its origin in the veins; but this is not so: it begins in all the tissues at once. It may begin, as regards the periosteum, either on the internal or external surface. Sometimes it increases very slowly, and the patient complains of rheumatic pains for a long time before the presence of a tumor is known.* There is no doubt that inheritance has an influence on its production; but in some cases it cannot be traced to this cause. In two cases my patients have declared that none of their relations had ever been affected by it.

I have made a series of experiments on the treatment of cancer. In the first place, I tied all the veins, leaving the tumor. At first, the pain ceased, and improvement took place in all the symptoms, but soon progress again began. I then tied all the arteries. Here again there was improvement for about thirty days, the pain ceased, the pus took on a healthy character, etc.; but the amelioration was not permanent. Cutting the nerves also caused an apparent progress toward cure for about the same period.

Encephaloid tumors present the symptom of false fluctuation, which is distinguished from real fluctuation without any great difficulty. The latter is excessively rare, and is caused by pus. When softening takes place, the pain becomes more acute. As regards the treatment, Abernethy gave mercury; but this is wrong. Cauterization is useless, and, as before stated, an operation affords the only chance. Conservative surgery should here be entirely forgotten.

* When an apparently rheumatic affection remains obstinately fixed for some time in precisely the same position, we have reason to suspect a nascent cancer.

Hospital des Cliniques. Service de M. Pajot.

April 30, 1862.

An extremely interesting case occurred here yesterday, which strongly illustrates the difference between surgery and obstetrics, as far as clinical instruction is concerned. The surgeon can usually wait, but not so the obstetrician; and it is only those students who remained and waited till yesterday afternoon, who had the advantage of the case which I am about to describe. It is that of a woman who had already had four children, of whom two are now dead. Her pelvis is a little narrow, but not enough to amount to deformity. On the 27th, at ten o'clock, she entered into labor. Yesterday, the 29th, on examination, there was found to be presenting the head *and the right arm*. The position of the head was not made out, but is believed to have been the second. The umbilical cord was also hanging down into the vagina.

Procidence is the term used whenever any accessory portion falls. The fall of the arm, in a shoulder presentation, is not procidence, because that is a natural result of the position, and not a complication. The most common procidence is that of the umbilical cord, and this is also the most unfortunate, both for the child and the practitioner. I say for the practitioner, because the very operation which he undertakes for the purpose of replacing the cord, and saving the child's life, will, if unsuccessful, be considered as the cause of the death by the parents and friends. It is, therefore, very important to explain the thing before operating.

In cases in which the arm prevents the head from descending, it is often extremely difficult to form a diagnosis. My preceptor said, in a case of this kind, about which he was lecturing: Gentlemen, this is a case of shoulder presentation, or else a presentation of the pelvic extremity. There is, however, a possibility of its being the face, unless, indeed, it should be the head, with some unknown complication.

One of my pupils, some years ago, was called, for the first time in his life, to attend a case of labor. It was a little woman, the wife of a friend of his, who lived around in the Rue des Saints Pères. He came running to me, in the middle of the night, in a state of the greatest excitement, saying, "I have a case of shoulder presentation in the first case I have ever had." Without believing a word of what he said, for many physicians practice for years without seeing such a case, I went with him, and there certainly was a hand, but it was not the shoulder, it was the pelvic extremity that presented at the same time. I took my pupil's finger, and telling him to pass it along mine, introduced it into the anus. Then I said, now look at your finger.

These cases, then, run on for a great while, and labor makes no progress; if, therefore, you are called to a case, and, after twelve or twenty-four hours, you know nothing about the presentation, place the patient on the side of the bed, introduce the whole hand, and determine the presentation, rupturing the membranes, if not already broken. Of course this should not be done unless the dilatation of the os uteri is complete.

If one arm only presents with the head, labor is usually practicable. Head and two arms gives an extremely serious prognosis. Head and foot is more serious than head and arm. Head and two feet I have never seen in 20,000 cases.

First indication. — Push up the procidence. This is very obvious, and extremely easy to say, but to do it is another matter. There are two manners of performing it: First. To push up with your finger, but the finger will slip. The second manner is very tiresome, but more certain. It is by sustaining with your finger during the contractions of the uterus, until the part of the head, which has the greatest diameter, has passed the superior strait. There will then be no more danger, the arm will slip up of itself. It has been recommended to apply the forceps, but it is very difficult to get them between the head and the arm. A great danger is that the procidence of the arm may favor a shoulder presentation. If two arms and the head present, reduce, first, the hindmost one, and afterward the other.

In procidence of the foot, in an advanced stage, push up the head, having first tied a ribbon to the foot. If this condition of affairs should be recognized in the beginning, push up the foot.

Procidence of the umbilical cord often complicates the other procidences, being favored by the large space left on the side of the arm or leg; it is also favored by a very great abundance of liquid, by a very great length of the cord itself, or by an unusual proximity of either of its extremities to the os uteri. Thus, it is more common in presentations of the pelvic extremity than in those of the head, and the nearer the placenta is to the os uteri the more likely it is to occur.

M.D. ABROAD.

Domestic Correspondence.

DIPHTHERIA IN WAYNE COUNTY, PENNSYLVANIA.

HAWLEY, May 17, 1862.

MESSRS. EDITORS:—I take the liberty of writing you an account of diphtheria as it has prevailed in this county, and the remedies that have proved most successful in arresting and curing the disease.

It is little more than a year since sporadic cases of this affection occurred in various parts of the county, and these often assumed the form of croup, so that, in many cases, they were not at first fully recognized. Soon, however, unmistakable evidences of the nature of the disease were manifest as in the form of an epidemic; it visited various neighborhoods in the vicinity of Honesdale and Hawley, and it came as a "fell destroyer," removing two, three, and in some instances five, from a family. The disease generally assumed one of two forms, which might be termed: 1. Simple diphtheritis. 2. Malignant diphtheritis. The first was characterized by a pseudo-membranous inflammation of the fauces and adjoining tissues, the mucous membrane of the parts affected assuming a deep-red color, and some portions becoming covered by an ash-colored or yellowish-white exudation. The disease usually traveled into the posterior nares, producing symptoms of catarrh, with a tendency to hemorrhage, and often into the larynx, simulating croup.

The tonsils and uvula would become swollen so

as to interfere more or less with deglutition. Some fever would exist, in most cases at the commencement of the attack.

2. Malignant diphtheritis has been attended with some of the same symptoms, but was known especially by the excessive tumefaction of the salivary and cervical glands and the adjoining cellular tissue, (so as often to give the patient a disfigured and purple aspect,) a dark-red appearance of the fauces, with heavy, ashy deposits, especially upon the tonsils; fetid breath, and symptoms of asphyxia, with vomiting, if the case terminated fatally. There have been in some cases much prostration, amounting to syncope, if the patients attempt to sit up; but in many, even of the most fatal, they would keep about, and say they felt "better," *only an hour before they were dead.* These two forms of the disease have blended more or less into each other, proving there is no essential difference in the *nature*, but only in the *amount* of the materies morbi introduced into the system. What the specific cause is, where it is, its *nature*, whether atmospheric or telluric, animalcular or vegetable, chemical or mechanical, are problems for medical science yet to demonstrate. The same may be said of scarlatina, rubeola, variola, and erysipelas, all of which, by-the-way, have been epidemic in this county during the last year. To investigate the *causes* of these diseases opens an ample field into which all medical men should feel invited to enter, and thus strive to benefit the race, and remove the stigma of this ignorance from our noble profession.

But to return to the subject. In regard to the treatment the most opposite modes were employed, until aroused by the fatality of the disease to the importance of correct treatment, and now an alterative and powerfully tonic course is generally adopted. From all that I could hear and read, and learn from experience, I have adopted the following prescriptions, which prove successful in nearly all cases, if seen in good season:—

℞.—Quiniæ sulph. 3jss; tinct. ferri chloridi, ʒjss; syrup. tolu. ʒvij. Mix. Adult doses, one teaspoonful every three hours, night and day. Also to be used at the same time: ℞.—Potass. chloras., rad. glycyrrhiza, āā ʒss; rain-water, Oj. Mix. Dose, one tablespoonful every three hours, equidistant from the above tonic; using it also as a gargle, *every hour in bad cases.* For an application to the deposits in the fauces, the following answers better than the nitrate of silver. ℞.—Alum, ʒj; potass. nitras, ʒss; cupri sulphas, 3j; rain-water, Oj. Mix. Apply every six hours. Cathartics are injurious unless costiveness exists; also emetics, unless suffocation or croupal symptoms appear, and are then of doubtful propriety. For the external tumefaction of the glands of the neck, the following application, every six hours, is very effectual. ℞.—Ext. belladonnæ, 3j; potass. iodidi, 3ss; aq. puræ, fʒj. Mix. Used one-quarter this strength for very young children, and applied to but one side at a time, alternately, every six hours. Pressure upon the same glands is useful. Good care, good diet, good air, and *quiet*, should all be enjoined. These same remedies, given during the day to other members of a family, where the disease exists, act as prophylactics to a greater or less extent, and should not be neglected.

The disease is now disappearing as it came, with here and there isolated cases, which, however, are attended with but very little fatality.

G. B. Curtis.

CAUSE OF EPILEPSY.

Philadelphia, May 17th, 1862.

Editors of the Reporter:—Should your courtesy permit me to discuss the subject of epilepsy, to which I referred in a former paper, I would give my views of it as follows: It *may* be, and sometimes *is*, caused by direct injury of the brain or spinal cord; but I do not believe one in a hundred cases *is* thus caused. The original cause of the disease (if, as I said formerly, it may be called a disease) is in the blood; or a defect of nervous energy, which is the natural result of deteriorated blood. What this peculiar state of the blood is, it is not so easy to determine; indeed, this is the case, to a greater or less extent, with every abnormal condition of this vital fluid. We speak of a *scrofulous* or *tubercular diathesis.* But what do we mean by it? Perhaps the best definition we can give of it is *a laxity of fibre*, or debility of *the whole system;* or, as Dr. Rush said of a phthisis, "a disease all over." The whole vigor of the system is undermined—the whole of the blood is deteriorated from its healthy standard. Now, why may we not as properly speak of a *nervous* diathesis as of a scrofulous diathesis? It is admitted that our language is not very specific or intelligible in either case. But I do not see why one is not as clear as the other.

The idea that the original cause of epilepsy is in the blood is not new. Dr. Carpenter, in his Physiology, says: "There appears much reason to believe that, although the epileptic paroxysm may be immediately excited by some peripheral irritation, etc., it is really dependent upon disordered nutrition of the nervous centres, depending, it may be, upon the presence of abnormal matters in the blood."

Supposing this to be the case, (and I have already said this is my opinion,) a person may be almost an epileptic for years, and yet never have an epileptic paroxysm. Doubtless, this is the case with many. They are debilitated. In a word, they are *nervous*. But they are careful livers; temperate in eating and drinking, and in the indulgence of all their appetites and passions. They do not jade or overtask the intellect, nor allow themselves to become excited upon any subject. In a word, to use a mariner's phrase, "they sail on an even keel."

But the *exciting* causes of epilepsy are numerous. The persons above described are like men standing on the verge of a precipice. Being calm and quiet, they might stand there as long as they lived, while a *slight push* would send them over.

I would enumerate the chief *immediate* or *exciting* causes of epilepsy, then, to be *gluttony, drunkenness, self-abuse, excessive venery, precocity of and excessively tasking the intellect, and willfulness.* These I call the *inducing* causes of the attack; and, it is readily seen, that the most of them are *self*-inducing.

There are some other *exciting* causes of these attacks, such as worms, wounds, fright, etc., over which men cannot have such control as they ought to have over the first named.

1. The first exciting cause to attend to, then, is *gluttony.*

I will describe one patient, which may serve as a specimen for many.

Unfortunately, to begin with, he was an only grandson of two large families, and father, mother, aunts, uncles, and grandparents all vied with each other in seeing who could make the best pie, the richest cake, the finest confectionery, and the most tasty dinner for *little Jesse.* Thus he lived to eat; and, from a child, his appetite was pampered; and, from morning to night, *eating* was his business. He knew no higher enjoyment, sought no greater pleasure, and wanted no better heaven, than mother's pastry, grandmother's larder, and the cook and the confectioner could give him. He became an epileptic at the age of fourteen. The wonder is that he did not become one at seven, or die before that period, as thousands have. At the age of seventeen he became my patient in the city. His grandfather, who, with his father, uncle, and attending physician, accompanied him to my office, said, How shall we manage to keep him from buying and eating confectionery, and other trash, when he goes out? I replied, he will not do that, if I advise him not to do it. To this he assented.

His diet was restricted to meat but once a day, and a moderate quantity of farinaceous food, and medicine was prescribed. He went six days longer than usual without an attack, then had one in the evening, and two more during the night. Usually, before, he had had two, but not three attacks near together. He vomited, and *that* told the tale. Up came the *dates* and *confectionery* in rich abundance.

Upon reasoning with him on such improper conduct, he seemed very sorry; heartily repented, said he "thought his head could not have been right, or he should not have done it." Promised never to do such a thing again; and, to render a repetition of it impossible, his money was given to an uncle, who was to buy such things as he really needed, but to give him no money to expend himself. Twenty-five cents of the money put into his uncle's hands had been *given* to the boy by his grandfather for such items as he might need. For three or four days he went without money. Then began to importune his uncle for his twenty-five cents. In this importunity he was persevering and willful. It was *his* money. He wanted, and would *have* it. I forbade his uncle to give it to him. This enraged him. He was as a madman. He never would go to see his uncle again, and then he would go and demand it. He was artful. He wanted some to put into the contribution-box. He had not been used to be without a cent in his pocket, etc.

At length the uncle would be annoyed no more by him, and gave me the money.

I purposed to have him get rid of it, and arranged a ride for him with a friend, which should use it up. He rode two miles, which took five cents of it. But no persuasion could induce him to ride back. No; he would walk. With the remainder of the money he bought *nuts* and *confectionery*, and again induced his attacks.

This came to my knowledge. The night after, he said, "Well, doctor, do you think I shall recover?" No, I replied; I do not think you ever will. "But you told me you thought there was a chance for me." Yes, I did; but you must remember, I based that opinion upon the condition that you would *obey* me. I do not expect to benefit any one who will not follow my advice.

In short, he was a maniac on eating the vilest trash, and his case was that of more than a hundred who have come under my treatment. Such patients cannot recover till such a demon is exorcised. Wm. M. Cornell, M.D.

NEWS AND MISCELLANY.

Dr. Henry W. Williams, of Boston, announces a work on Diseases of the Eye. Ticknor and Fields are to be the publishers.

Substitute for Ivory.—The British *Journal of Dental Science* states that dry collodion, when mixed with gutta-percha or India-rubber, forms a compound of great hardness and elasticity. It may be used in the arts as a substitute for horn, ivory, and such like materials, and billiard balls, buttons, etc. may be made of it.

The Deputation of Surgeons from New Jersey to Fortress Monroe, Yorktown, etc., has returned. It consisted of Drs. O'Gorman, Baldwin, Cross, E. P. Nichols, Vail, and Bowlby, of Newark, Love, of Bloomfield, Daily, of Franklin, and Mattison, of Washington, Warren County.

The deputation met with the most annoying discouragements, and suffered discomforts and vexations innumerable. They were met at every step with impediments, and feel much aggrieved at the course the Sanitary Commission and the Surgeon-General of the Army thought fit to pursue, by which they were prevented in a great measure from accomplishing the main purpose of their journey, to wit, the relief of the wounded from their own State. They, however, did what they could, and have the satisfaction of having been, notwithstanding all obstacles, of the greatest service, having had under their care at different times from 1800 to 2000 sick and wounded. After the battle of Williamsburg the wounded were huddled on boats on the York River, and these surgeons were scattered about among them. The wounded suffered much from the utter lack of both medicines and provisions, and the physicians, although provided with what they had reason to believe all the necessary documents, orders, etc., found it impossible to obtain supplies. In pleasant contrast to the incivility which seemed to be the rule in most cases, they found the conduct of Assistant Secretary of War, Tucker, and Dr. Cuyler, Medical Director at Fortress Monroe. To these gentlemen they are indebted for many attentions. The corps accompanied a large number of wounded from Fortress Monroe to Washington.

The Faculty of the Vermont Medical College at Burlington is publishing its clinics in the local newspapers.

Count Cavour's will bequeaths ten thousand dollars to the Children's Hospital at Turin.

Essex Medical Union.—This society held its annual meeting at the house of Dr. J. B. Jackson, in Newark, New Jersey, on the 14th inst., Dr. L. M. Crane, of Orange, presiding. The society seems to be in a flourishing condition. The members preside in rotation. The officers elected for the ensuing year were—Drs. J. A. Freeman, *Secretary;* L. G. Thomas, *Treasurer;* S. H. Pennington, I. A. Corwin, and W. M. Brown, *Councillors.* The next meeting will be held on the 9th of June, at the residence of Dr. W. Pierson, in Orange.

Answers to Correspondents.

Dr. O'G., Dublin, Ireland.—We have sent the missing numbers with the exception of one, which will be forwarded as soon as we can get a copy.

"Medical Press," Dublin.—Your copy of the *Press*, in exchange for the Reporter, is not correctly superscribed. Direct simply "Medical and Surgical Reporter, Philadelphia, U. S. A."

MARRIED.

Shepherd—Long.—By Rev. Aaron H. Hand, D.D., on the 15th inst., at the residence of James Long, Esq., Greenwich, Warren county, N. J., Cornelius Shepherd, M.D., of Trenton, to Miss Jennie Long, of Greenwich.

DIED.

Brown.—In Boston, Mass., on the 14th inst., John B. Brown, M.D., aged 77 years.

Vital Statistics.

Of Philadelphia, for the week ending May 17, 1862.

Deaths—Males, 134; females, 130; boys, 65; girls, 64. Total, 264. Adults, 135; children, 129. Under two years of age, 78. Natives, 189; Foreign, 48. People of color, 20.

Among the causes of death, we notice—Apoplexy, 3; convulsions, 9; croup, 1; cholera infantum, 0; cholera morbus, 0; consumption, 45; diphtheria, 3; diarrhœa and dysentery, 11; dropsy of head, 3; debility, 17; scarlet fever, 8; typhus and typhoid fever, 7; inflammation of brain, 9; of bowels, 3; of lungs, 15; bronchitis, 0; congestion of brain, 8; of lungs, 4; erysipelas, 2; hooping-cough, 2; marasmus, 11; small-pox, 4.

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Population of Philadelphia, by the census of 1860, 568,034. Mortality, 1 in 2151·6.

Of Boston, for the week ending May 10, 1862.

Deaths—Males, 34; females, 36. Total, 70. Natives, 50; Foreign, 20.

Among the causes of death, we notice—Phthisis, 11; cholera infantum, 0; croup, 2; scarlet fever, 7; pneumonia, 0; variola, 0; dysentery, 1; typhus fever, 0; diphtheria, 0; hooping-cough, 0; convulsions, 4.

Population of Boston, 1860, 177,902. Average corrected to increased population, 82·50. Mortality, 1 in 2541·4.